



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

# **Training Announcement**

## **S-330; Task Force/Strike Team Leader**

**Nominations due March 23, 2012**

**Minimum number of students: 10**

**Maximum number of students: 25**

This is a 24-hour course designed to meet the training requirements outlined in the PMS 310-1, Wildland Fire Qualification System Guide and the position task books developed for the positions of task force leader and strike team leader. Examples and exercises in this package are specific to wildland fire suppression. If students are expected to perform in some other risk area, exercises and examples appropriate to the expected risk areas should be added.

**DATES OF CLASSES:** April 24-26, 0800-1700 each day

**PREREQUISITES:** Qualified as any single resource boss.

**TARGET GROUP:** Personnel desiring to be qualified as a task force leader (TFLD) or any strike team leader (STPL, STDZ, STEN, or STCR).

**LOCATION:** Spokane County Fire District #9 Training Center  
3801 E Farwell, Mead WA

**LEAD INSTRUCTOR:** Don Strand, Spokane County Fire District #9

**COURSE COORDINATOR:** Jack Cates, Spokane County Fire District #9

**Mail, e-mail or FAX registrations to:**



## EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Course Number S-330	Course Name Task Force/Strike Team Leader	PRIORITY ____ of ____
IQCS Session Number	Course Location SCFD9 Training Center, Mead WA	Course Date(s) April 24-26
Course Tuition (if required) 20.00	Course Coordinator Name (First Last) Jack Cates	Course Coordinator Phone Number 509-466-4602
Course Coordinator E-Mail <a href="mailto:jcates@scfd9.org">jcates@scfd9.org</a>	Course Coordinator FAX Number 509-466-4698	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City
Zip	Telephone	Zip
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		